


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90207 033 ***150.00

DOCUMENT # P94000075538	
1. Entity Name 636 Incorporated	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 636 East Atlantic Ave		3. Mailing Address 636 East Atlantic Ave	
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210	
City & State Delray Beach, FL.		City & State Delray Beach, FL.	
Zip 33483	Country US	Zip 33483	Country US

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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0538509		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name David A. Sanderson	
	Street Address (P.O. Box Number is Not Acceptable) 636 East Atlantic Ave	
	Suite 210 Delray Beach FL 33483	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David A. Sanderson 636 East Atlantic Ave Suite 210 Delray Beach, FL. 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **David A. Sanderson** **David A. Sanderson** 4/10/05 5612768750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)